North Yorkshire County Council

Shadow Health and Wellbeing Board

Wednesday 28 March 2012

Local HealthWatch Development and Update

Report of Assistant Chief Executive (Policy, Performance & Partnerships)

1.0 Purpose of Report

1.0 This report:

a) advises the Shadow Health and Well-being Board (SH&WB) of the most recent national guidance on the development of Local HealthWatch (LHW);

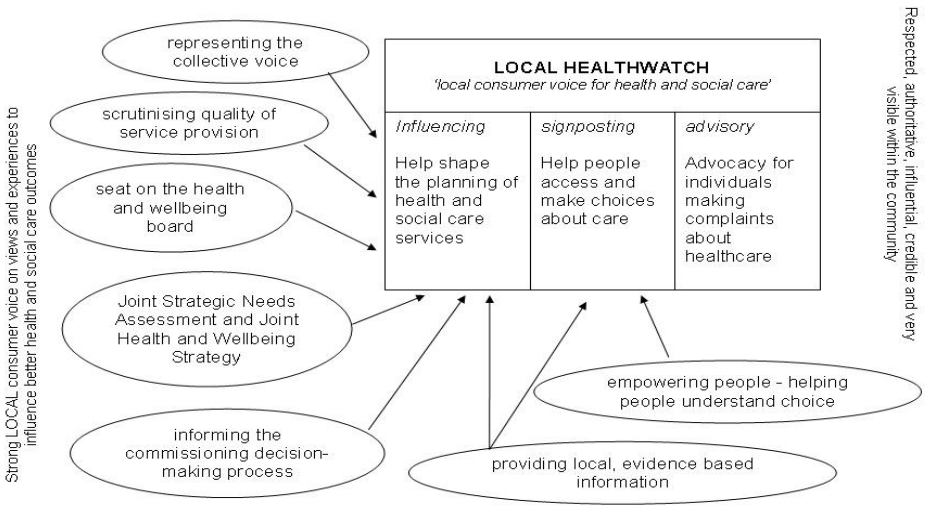
b) summarises the progress to-date in North Yorkshire.

2.0 Introduction

2.1 Under the Health and Social Care Bill Local Involvement Networks whose role it is to involve patients and the public in decisions on health and social care will be replaced by a LHW in each upper tier local authority area. LHW will expand on the work of LINks and provide a single point of contact for people to report their experiences, concerns or their compliments about health and social care. LHW will also have influence at a strategic commissioning level by having a seat on local health and wellbeing boards.

2.2 LHW will have 3 main roles – Influencing, Signposting and Advisory:

- Influencing – presenting the views and experiences of local service users to local managers and decision makers (as well as to HealthWatch England at the national level) and be part of the decision making process on the local Health and Wellbeing Board. It will also hold local providers to account by reporting on services and making recommendations
- Signposting – work which the primary care trusts do providing information to people to help them access health and social care services and make decisions about their care
- NHS complaints advocacy - providing advocacy for individuals making complaints about healthcare.



2.3 Local Authorities (LAs) will be funders and commissioners of the 'Influencing' and 'Signposting' elements of LHW and will also be subject to scrutiny from LHW in respect adult social care services. Local authorities will also commission 'Advisory/Advocacy' services for people pursuing a formal complaint against the NHS. This service will be commissioned from any suitable provider, including local LHW, and be accessed through LHW.

3.0 Recent Guidance from the Department of Health

3.1 On 2 March 2012 David Behan (Director General for Social Care, Local Government and Care Partnerships) wrote to all stakeholders to setting out a number of changes to the Health and Social Care Bill which clarify a number of points about LHW and the transition from LINks. The letter is attached as Appendix 1.

3.2 The amendments to the Bill ensure that LAs will have flexibility and choice over the organisational form of LHW and how they go about commissioning it – either via a grant aid or a formal EU procurement process. Key requirements are:

- LHW organisations must be corporate bodies carrying out statutory functions,
- They must be not-for-profit organisations.
- They must be able to employ staff and be able to sub-contract statutory functions.

3.3 The guidance highlights the importance of LHW operating as part of existing community networks and using existing expertise in the voluntary/community sector to engage with local communities and delivering outcome that have lay members have at their heart. The guidance highlights that whilst LAs will commission LHW, LHW must be independent and be able to determine its own work programmes and look at issues of concern to members of the community.

4.0 Developments Locally

4.1 As reported to the last meeting of the Shadow H&WB engagement events held across NY towards the end of last year identified the need for LHW to:

- be independent;
- be inclusive;
- be accountable;
- have a clear role and purpose from the outset;
- have effective governance arrangements but not be over burdened by red tape;
- build on the existing network of organisations and engagement activities taking place within the county.

4.2 In taking these themes forward it has been recognised locally that it will be important for LHW to be impartial and not be unduly influenced by a particular interest group. It needs to be free to determine its own priorities but this should not mean it is unconnected to the wider health and social care system, nor that it will never have a distinct point of view. And whilst being funded by and therefore accountable to the County Council, LHW's freedom to influence and scrutinise services must not be undermined.

4.3 These conclusions, which reconcile well with the latest guidance, have underpinned work locally to establish, initially up to 1 April 2013, a LHW Reference Group comprising representatives of the main partnership boards that already exist across the County. The boards are:

- North Yorkshire Learning Disabilities Partnership Board
- North Yorkshire Physical and Sensory Impairment Partnership Board
- North Yorkshire Older Peoples Partnership Board
- North Yorkshire Carers Forum
- North Yorkshire Mental Health Partnership
- North Yorkshire Youth Council / Young People's Council

4.4 The Group will offer advice on a specification for LHW and on the procurement process to identify a provider organisation and provide representative to sit on the Shadow H&WB. Janet Kirk (Chair - Physical and Sensory Impaired Partnership Board) and Rob Salkeld (Chair – Older Peoples Partnership Board) will be the representative on an alternating basis.

5.0 Basis of a Specification for LHW and Commissioning Approach in North Yorkshire

5.1 The "Influencing" and "NHS Complaints Advocacy" functions of LHW are quite self contained and for the most part can be viewed separately from work taking place within the County Council.

5.2 This is not the case with the "Signposting" element of LHW. Ultimately Signposting could be web based facility for patients and the public to follow a "shopping basket" or "self help" approach to identifying their care needs and their requirements for information on services generally.

5.3 There is already a good deal of work taking place across the County Council on this kind of approach and on issues that relate to this aspect of LHW. In particular work is already taking place within the Health and Adult Services Directorate to develop an information hub for adult social care and as part of the One Council Customer Access work steam work is taking place to make it easier for people to access information, check their eligibility for services, carry out a self-assessment, arrange appointments, make payments and request services. The Council's new responsibilities for Public Health and the NHS 111 developments also need to be taken into account. Plans for taking forward these developments will not be in place by 1 April 2013, the date by which LHW must be operational.

5.4 Against this background LHW in North Yorkshire will be developed incrementally. Initially, from 1 April 2013, LHW will have an Influencing function (including a basic signposting) and an Advocacy function. A plan for developing the Signposting function will be developed during 2013/14 and will take into account the wider developments already discussed.

5.5 Based on the outcome of the Department of Health's consultation on funding options for LHW and decisions already taken locally for the NY LINk, the value of a contract(s) with a provider organisation for the Influencing and Advocacy functions could be in the

region of £250K per annum. In view of the sum of money involved a formal EU procurement process rather than grant aid approach is being followed locally.

6.0 Recommendations

6.1 The Board is asked to:

a) Note the recent correspondence and guidance from the Department of Health.

b) Offer advice on the approach to LHW in North Yorkshire.

c) Welcome Rob Salkeld as the Shadow LHW representative on the Shadow H&WB.

d) Agree that progress reports be submitted to the Shadow Health and Wellbeing Board in the run up to 1 April 2013.

GARY FIELDING
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20 March 2012

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Background Documents: None

2 March 2012

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To: Leaders of Local Authorities
Chief Executives of Local Authorities
Directors of Children's Services
Directors of Adult Social Services
Directors of Public Health
SHA Clusters Chief Executives
Copy: Local Involvement Networks
Healthwatch Programme Board and Advisory Group

Gateway no: 17330

Dear colleague,

On Thursday 1 March 2012 the Government tabled amendments to the Health and Social Care Bill to make clear that local authorities, which will be under a statutory duty to commission effective and efficient local Healthwatch organisations, will have some choice over the organisational form that local Healthwatch takes (subject to the passage of the legislation).

I am writing to clarify a number of points both about local Healthwatch and Local Involvement Networks (LINks).

The introduction of Healthwatch by the Health and Social Care Bill 2011 (the Bill)

Under the health and care reforms, local authorities will be given greater responsibility for improving the quality of health and care outcomes at a local level. One way of achieving this is through the better integration of local health and care services. Health and Wellbeing Boards and local Healthwatch both have a key part to play in achieving this outcome.

Local Healthwatch organisations are being introduced to give citizens greater influence over their local health and social care services, and to support individuals to access information about the increased choices available to them under the reforms.

The amendments to the Bill are designed to ensure local authorities have some flexibility and choice over the organisational form of local Healthwatch, so they can determine the most appropriate way to meet the needs of their communities. The key requirements are:

- local Healthwatch organisations must be corporate bodies carrying out statutory functions;

- they must be not-for-profit organisations;

- local Healthwatch must be able to employ staff and (if they choose) be able to sub-contract statutory functions.

Local Healthwatch will need to be inclusive so that it operates for the benefit of all parts of its local community. The Department would expect Healthwatch England to issue guidance to local Healthwatch on best practice in a number of areas, including leadership and governance.

As currently drafted, the Bill will create a statutory corporate body. The government amendment is designed to ensure that local Healthwatch is a non-statutory corporate body (that is, not created by the Bill). The key difference between a statutory and non-statutory corporate body is that the former is directly incorporated (so having its own legal personality) by an Act of Parliament and the latter is incorporated by registration under an Act of Parliament.

It will be up to local authorities to decide how they commission and fund local Healthwatch; this may include grant in aid funding. There is no automatic requirement to use the EU tender process but each case should be considered on the merits.

The Government has made clear that, while the final decision about what each local Healthwatch will look like is for the local authority, this decision should be made in consultation with local community stakeholders and the existing LINk: this underlines the principles of good commissioning based on active engagement to understand local need.

The Government will provide £3.2 million to local authorities in 2012/13 for start-up costs for local Healthwatch, due to be introduced from April 2013 (via the Department of Health Learning Disabilities and Health Reform Grant).

Existing Duties under the Local Government and Public Involvement in Health Act, 2007 (the Act)

Under the 2007 Act, top-tier local authorities are under a duty to make arrangements for certain activities to be carried on in their areas. Essentially, they must do this by ensuring there is a local involvement network (LINk) in their area. LINks' functions are to:

- promote and support the involvement of people in the commissioning, provision and scrutiny of health and social care services;

- obtain the views of people about their needs for, and experiences of, health and social care services, and make those views known to those responsible for commissioning, providing, managing or scrutinising those services;

- enable people to monitor and review the commissioning and provision of health and care services; and

- make reports and recommendations about how health and care services could, or should, be improved to those responsible for commissioning, providing, managing or scrutinising those services.

This duty will remain in place until 31 March 2013 and the Government is continuing to make funding available to local authorities to support LINks (£27 million in 2012/13 via the local government Formula Grant).

Today the Department is also publishing a document titled "Local Healthwatch: A stronger voice for people – *the policy explained*" to provide more information. This is available at: http://healthandcare.dh.gov.uk/healthwatch-policy/

Yours sincerely,

David Behan
Director General for Social Care, Local Government and Care Partnerships